a .	PATENT APPLICATION FEE DETERMINATION RECO Substitute for Form PTO-875											Application or Docket Number 09475 920		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL	ENTITY	OR	OTHE SMALL	R THAN
		FOR NUMBER FIL					D NUMBER EXT			RATE	FEE	7	RATE	
LE COPY	(37	SIC FEE CFR 1.16(a))	·	, • • •	. •						1	OR		FE
		TAL CLAIMS CFR 1.16(c))		minus 20 =					1	x \$ =		OR	X \$ =	†==
		DEPENDENT CLA	IMS		minus 3 =			· <u></u>	1	X \$ =		OR	x \$ -=	<del>                                     </del>
	MULTIPLE DEPENDENT CLAIM PRESE					(37 CFR	1 16(d))		1		<del>                                     </del>	1		<del> </del>
AB									.j	+\$=	<del> </del>	OR	+5=	
	* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL	<u> </u>	OR	TOTAL	L
AVAIL		C	CLAIM	IS AS AN	IENDE	D – PAI								
S				olumn 1)	٠.,	<del>-</del>	Column 2)	(Column 3)		SMALL	ENTITY	OR	OTHER THAN SMALL ENTITY	
	ALL		RE	CLAIMS MAINING AFTER ENDMENT		NU: PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADI TION FEI
	MA	Total (37 CFR 1.16(c))	•	18	Minus	0	20		1 1	x \$=		OR	X 5 =	
	<b>AMENDMENT</b>	independent (37 CFR 1.15(b))	•	4	Minus		4	-	1	x \$=		OR	x \$=	7
	₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+; =		OR	+5 =	
							_			TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
	8-	31-05	<del>,</del>	(Column 1)		(Column 2)		(Column 3)					ADD C F EE	•
	ENDMENT B		REA A	LAIMS MAINING FTER NDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADC TION FEI
	8	Total (37 CFR 1.16(c))	. /	19	Minus	2	)	* /\		x \$=		OR	x s=	
	:	Independent (37 CFR 1,16(b))	•	4	Minus		/	± ()		x s=		OR	. x s=	
	₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+s =		OR	+5 =	
•	a.f.ompr. (1.5.)									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
				umn 1)		(Colu	ımı 2)	(Column 3)	_					
	C EN	·	REM AF AMEN	AIMS AINING TER IDMENT	·	HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADC TION FEE
	5	Total (37 CFR 1.16(c))	• 		Minus	••		Ξ.		x \$=		OR	x \$=	
į	<u> </u>	Independent (37 CFR 1.16(b))	•		Minus	•••		=	Γ	× § =		OR	x \$=	
4	{	FIRST PRESENTA	O MOIT	F MULTIPLE	DEPENDE	NT CLAIM	(37 CFR	1,16(d))		+ 5 =		OR	+ 5 =	
			· ·			. •			_	TOTAL ADD'L FEE		OR L	TOTAL ADD'L FEE	

If the entry in column 1 is less than the entry in column 2, write "0" in column 3,

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20",

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3",

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.